

CLAIMS ONLY							Application Number 10821797		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	
1											
2			/				51				
3				/			52				
4				/	/		53				
5				/	/		54				
6				/	/		55				
7				/	/		56				
8			/	/	/		57				
9				/	/		58				
10				/	/		59				
11				/	/		60				
12				/	/		61				
13			/	/	/		62				
14				/	/		63				
15				/	/		64				
16				/	/		65				
17				/	/		66				
18				/	/		67				
19				/	/		68				
20				/	/		69				
21				/	/		70				
22				/	/		71				
23				/	/		72				
24				/	/		73				
25				/	/		74				
26				/	/		75				
27				/	/		76				
28				/	/		77				
29				/	/		78				
30				/	/		79				
31				/	/		80				
32				/	/		81				
33				/	/		82				
34				/	/		83				
35				/	/		84				
36				/	/		85				
37				/	/		86				
38				/	/		87				
39				/	/		88				
40				/	/		89				
41				/	/		90				
42				/	/		91				
43				/	/		92				
44				/	/		93				
45				/	/		94				
46				/	/		95				
47				/	/		96				
48				/	/		97				
49				/	/		98				
50				/	/		99				
Total Indep			3				Total Indep				
Total Depend			16				Total Depend				
Total Claims			19				Total Claims				